

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

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34819 State File No. 8862

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo. b. COUNTY _____			
b. CITY OR TOWN _____ St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ St. John's Hospital				e. STREET ADDRESS (If rural, give location) _____ 1435 Gregg Ave.			
3. NAME OF DECEASED (Type or Print) _____ GEORGE		a. (First) _____ T. b. (Middle) _____ c. (Last) _____ GAUS		4. DATE OF DEATH (Month) (Day) (Year) _____ Oct. 17 1950			
5. SEX _____ Male	6. COLOR OR RACE _____ White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ Married		8. DATE OF BIRTH _____ Jan. 27, 1900		9. AGE (In years last birthday) _____ 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ Job Evaluation-First Nat'l. Bank		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____ St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME _____ Thomas Gaus		13b. MOTHER'S MAIDEN NAME _____ Caroline Meyer		14. NAME OF HUSBAND OR WIFE _____ Margaret Gaus			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ Margaret Gaus 1435 Gregg Ave. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ Arterio sclerotic heart dis + Pulmonary embolus. ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death. None INTERVAL BETWEEN ONSET AND DEATH _____ 2 years 2 days					
19a. DATE OF OPERATION _____ None		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? _____ YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE _____ (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY _____ (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____ 4250			
22. I hereby certify that I attended the deceased from _____ July 28, 1948, to _____ Oct. 17, 1950, that I last saw the deceased alive on _____ Oct 17, 1950, and that death occurred at _____ 9:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE _____ John J. Hammond M.D. (Degree or title) _____				23b. ADDRESS _____ 634 N. Grand.		23c. DATE SIGNED _____ 10/19/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ Burial		24b. DATE _____ Oct. 20, 1950		24c. NAME OF CEMETERY OR CREMATORY _____ Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) _____ St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. _____ OCT 19 1950		REGISTRAR'S SIGNATURE _____ J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE _____ Kriegshauser 4228 S. Kingshighway Bl. ADDRESS _____			

True

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Edwin M. Herriott*

Licensed Embalmer No. *3024*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.